

Case Number:	CM15-0027821		
Date Assigned:	02/23/2015	Date of Injury:	05/04/2011
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year old female, who sustained an industrial injury on May 4, 2011. The diagnoses have included cervical and thoracic strain with spondylosis, lumbar strain with degenerative disc disease (DDD) and foraminal stenosis, bilateral shoulder impingement, bilateral knee pain with right knee meniscal tear and chondromalacia and chronic right knee sprain with tendinopathy and effusion. A progress note dated December 10, 2014 provided the injured worker complains of severe low back and right knee pain. Physical exam reveals lumbar tenderness on palpation and +1 effusion with tenderness of knee. On January 30, 2015 utilization review non-certified a request for Duexis 800-26.6mg #90. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Duexis 800-26.6mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: MTUS Guidelines support the use of gastric protection when NSAIDs are utilized in certain high risk individuals. This individual qualifies for gastric protection due to her age. However, the MTUS Guidelines recommend a proton pump inhibitor as the primary drug class for gastric protection. ODG Guidelines provide additional details and state that Duexis should be considered a second line drug and only be considered when other alternatives have been trialed or other first line drugs are not appropriate for specific medical reasons. There is no medical rationale provided which would justify an exception to Guideline recommendations. Under these circumstances, the Duexis 800mg/26.6 #90 is not supported by Guidelines and is not medically necessary.